Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-21-20</u> 10	Address:	141 Daleyiew Dr. Apt B
Case #;	<u>35-31388</u>		Vincennes IN 47591
County:	Knox		
Type of Laboratory Scizure (check one) Seizure Location (check all that ap			theck all that apply)
 ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only) 		□ Residence □ Outbuilding □ Vehicle	☐ Hotel/Motel ☐ Open No Structure ☐ Other:
(check all th	nd: Location (bedroom, kitchen, open at at apply) Ammonia Reaction(s);	<u>r, etc)</u>	
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium): Living room, garage, truck			
Anhydrous Ammonia:			
☐ Hydrochloric Acid Gas Generator(s): Garage			
Corrosive Acid: Kitchen, garage			
Corrosive Base:			
Other (i	tem and location):		
∑ Yes 0 ☐ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine	<u>e Information</u> e/Pseudoephedrine Tracking Log erchant Tip
This repor	t is to be faxed to the following agen	cies that serve the lo	ocation:
Fire Depart	ment: <u>Vincennes</u> FD	Fax:	
Health Department: Knox County HD		Fax: <u>812-8</u> ; Fax: <u>812-8</u> ;	
Child Prote	ction Service: Knox County CPS	raa, <u>612-0</u> ,	<u>02-7</u> 513
	information regarding this methamphog Officer: Ryan M. Johnson Phor		mtact

This forto is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.